

**State of Minnesota****District Court*****Xeev Minnesota******Cheeb Tsam Tsev  
Hais Plaub***

County <i>Cheeb Nroog</i>	Judicial District: <i>Cheeb Tsam Ciaj</i>
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 In Re the Marriage of: *Hais Txog Kev Txij Nkawm ntawm:*

Plaintiff / Petitioner

*Neeg Thov Kev Sib Hais/Neeg Foob*

vs / and

**Affidavit in Support of Motion  
to Modify Child Support**  
***Ntawv Pov Thawj Txhawb Ntawv Kev Thov Hloov***  
***Nqi Yug Noj Yug Rau Me Nyuam***

Defendant / Respondent

*Neeg Teb Lus/Neeg Raug Liam*

Intervenor

*Tus Tshuam Lus*STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_ ) SS

(County where Affidavit Signed)

XEEV MINNESOTA )  
CHEEB NROOG \_\_\_\_\_ ) SS

(Lub Cheeb Nroog Uas Kos Npe Rau Tsab Ntawv Pov Thawj)

My name is \_\_\_\_\_. I state under  
oath the following information:Kuv lub npe yog \_\_\_\_\_. Kuv lees tseeb rau  
cov lus nram no:**Reasons Why the Existing Order Should Be Changed*****Cov Laj Thawj Yuav Hloov Txoj Kev Yuam Tam Sim No***1. I request a change in the existing order because of (*check all that apply*):

- A 20% change in the gross income of the obligor (*person paying support*)
- A change in the number of joint children for whom the obligor is legally responsible and actually supporting
- Receipt of public assistance by a parent or caregiver of a child who is supported by an existing child support order
- Additional work-related or education-related child care expenses of the obligee or a substantial increase or decrease in existing work-related or education-related child care expenses
- A change in the availability of health care coverage and/or dental insurance coverage or a substantial increase or decrease in the cost of existing health care coverage
- The joint child has become disabled
- The other parent and I agree to modify the child support under the income shares guidelines

1. *Kuv thov kom muaj kev hloov hauv txoj kev yuam vim yog (kos txhua yam yog):*

- Tus them nqi yug noj yug haus (tus neeg them nyiaj yug noj yug haus) qhov nyiaj hli hloov txog 20%feem pua*
- Kev hloov ntawm cov me nyuam uas tus them nqi yug noj yug haus muaj txoj cai xyuas thiab yeej txhawb nqa*
- Tus niam txiv los yog tus saib xyuas tus me nyuam uas tam sim no yeej tau nqi yug noj yug haus ho tau txais kev pab los ntawm tsoom fwv*
- Nuj nqis zov me nyuam muaj ntau ntxiv vim yog txoj hauj lwm los yog kev kawm ntawv los yog cov nqi zov me nyuam nce ntau heev los yog nqis ntau heev vim yog txoj kev ua hauj lwm los yog kev kawm ntawv*
- Ib yam hloov ntawm txoj kev pab them nqi kho mob los yog nqi kho hniav los yog nqi kho mob nce ntau heev los nqis ntau heev*
- Tus me nyuam uas ob leeg muaj cai saib xyuas sib npaug cia li muaj kev tsis taus lawm*
- Tus niam txiv tog tod thiab kuv pom zoo hloov txoj kev yug noj yug haus rau me nyuam raws li cov kev cai ntsuas nyiaj hli sib koom.*

2. I make the following other comments in support of my request for a change to the existing support/maintenance order:

2. *Kuv sau lwm cov lus nram no txhawb kuv txoj kev thov hloov nqi yug noj yug haus tam sim no/kev yuam them nqi yug noj yug haus:*

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3. I am the parent of the following joint child(ren) involved in this case (*list only joint\_child(ren) involved in this case*).

3. *Kuv yog ib leej niam leej txiv muaj cai sib npaug saib tus (cov) me nyuam uas muaj npe hauv rooj plaub no (tsuas sau tus (cov) me nyuam uas nyob hauv rooj plaub no xwb).*

**Joint Child's Name**

*Me Nyuam Rau Ob Leeg Saib Lub Npe*

**Date of birth**

*Hnub Yug*

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**Information From Existing Child Support Order (Answer only those questions that apply)**

**Cov Lus Teev Hauv Txoj Kev Yuam Them Nqi Yug Noj Yug Haus Rau Me Nyuam Uas Yeej Muaj Lawm (Tsuas teb cov nqe lus nug uas yog xwb)**

4. The existing support order was issued by the court in \_\_\_\_\_ County and is dated \_\_\_\_\_. In that Order, I am the (check one)  Obligor (making payments)  Obligee (receiving payments)
4. Lub tsev hais plaub pib txoj kev yuam them nqi yug noj yug haus hauv Cheeb Nroog \_\_\_\_\_ thiab rau hnub thaum \_\_\_\_\_. Hauv txoj kev Yuam them ntawd, Kuv yog (kos ib tug)  Tus Raug Them (them cov nqi)  Tus Tau Txais (txais cov nyiaj)
5. At the time the existing order was issued, I was (check all that apply):
- Unemployed  
 Employed at \_\_\_\_\_ (company or occupation) and earned \$\_\_\_\_\_ per  hour  week  month with a monthly gross income of \$\_\_\_\_\_  
 Other monthly gross income totaling \$\_\_\_\_\_ from \_\_\_\_\_ (list all sources, such as unemployment compensation, workers' compensation, social security, or other source).
5. Lub sij hawm thaum txoj kev yuam them nqi pib, Kuv (kos txhua yam yog):
- Tsis ua hauj lwm  
 Ua hauj lwm ntawm \_\_\_\_\_ (lub lag luam los yog txoj hauj lwm) thiab khwv tau nyiaj\$\_\_\_\_\_ rau  ib teev twg  ib lim piam twg  ib hlis twg uas ib hlis twg khwv tau nyiaj \$\_\_\_\_\_ ua ntej rho tej nqi tawm  
 Lwm cov nyiaj hli khwv tau ua ntej rho tej nqi tawm muaj\$\_\_\_\_\_ los ntawm \_\_\_\_\_ (sau tag nrho cov hom nyiaj, xws li nyiaj poob hauj lwm, nyiaj raug mob, nyiaj laus social security los yog lwm hom nyiaj).
6. At the time the existing order was issued, to the best of my knowledge, the other parent was (check one):
- Unemployed.  
 Employed at \_\_\_\_\_ (company or occupation) and earned \$\_\_\_\_\_ per  hour  week  month with a monthly gross income of \$\_\_\_\_\_ and had other monthly gross income totaling \$\_\_\_\_\_ from \_\_\_\_\_ (list all sources, such as unemployment compensation, workers' compensation, social security, or other source).
6. Thaum txoj kev yuam them nqi pib, raws li kuv muaj peev xwm paub, tus niam txiv sab tod (kos ib qho):
- Tsis ua hauj lwm.  
 Ua hauj lwm ntawm \_\_\_\_\_ (lub lag luam los yog txoj hauj lwm) thiab khwv tau nyiaj\$\_\_\_\_\_ rau  ib teev twg  ib lim piam twg  ib hlis twg uas ib hlis twg khwv tau nyiaj \$\_\_\_\_\_ ua ntej rho tej nqi tawm thiab muaj lwm cov nyiaj hli khwv tau ua ntej rho tej nqi tawm muaj\$\_\_\_\_\_ los ntawm \_\_\_\_\_ (sau tag nrho cov hom nyiaj, xws li nyiaj poob hauj lwm, nyiaj raug mob, nyiaj laus social security los yog lwm hom nyiaj).
7. At the time the existing order was issued, the joint child(ren) received monthly social security or veteran's benefits in the amount of \$\_\_\_\_\_ based on  my disability  other parent's disability and is paid to  me  other parent

7. *Lub sij hawm txoj kev yuam them nqi pib, tus (cov) me nyuam uas wb muaj cai sib npaug xyuas tau nyiaj hli hauv social security los yog nyiaj pab tub rog txog \$ \_\_\_\_\_ raws li*  *kuv txoj kev tsis taus*  *tus niam txiv sab tod txoj kev tsis taus thiab them nyiaj rau*  *kuv*  *tus niam txiv sab tod*

### **Current Information About Me**

#### **Cov Ncauj Lus Txog Kuv Tam Sim No**

8. I am currently (*check all that apply*):  
 Married    Separated    Divorced    Living with a companion    Single
8. *Tam sim no kuv (kos txhua yam uas yog)*:  
 *Muaj txij nkawm*    *Sib Faib Nyias Nyob Nyias*    *Sib Nrauj Lawm*  
 *Nrog Ib Tug Hlub nyob*    *Tsis Tau Muaj Txij Nkawm*
9. I am currently (*check one*)  employed  unemployed (*if employed, answer the following*):  
a. Employer: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Work telephone number: \_\_\_\_\_  
d. Occupation /Type of work: \_\_\_\_\_  
e. Length of employment: \_\_\_\_\_  
f. Supervisor: \_\_\_\_\_  
g. Gross Pay: \$\_\_\_\_\_ This  does  does not include overtime pay.  
h. Paid:  Weekly  Every other week  Twice a month  Monthly  
i. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.
9. *Tam sim no kuv (kos ib qho)*  *ua hauj lwm*  *tsis ua hauj lwm (yog ua hauj lwm, teb cov nram no)*:  
a. *Chaw Hauj Lwm*: \_\_\_\_\_  
b. *Chaw Nyob*: \_\_\_\_\_  
c. *Xov Tooj tom hauj lwm*: \_\_\_\_\_  
d. *Txoj Hauj Lwm/Hom hauj lwm*: \_\_\_\_\_  
e. *Ua hauj lwm ntev li cas lawm*: \_\_\_\_\_  
f. *Tus Thawj Saib Xyuas Neeg Ua Hauj Lwm*: \_\_\_\_\_  
g. *Them Nyiaj*: \$\_\_\_\_\_ *Qhov nyiaj no*  *yog ntxiv*  *tsis tau ntxiv qhov nyiaj them ua cov sij hawm tshaj*.  
h. *Them*:  *Ib lim piam ib zaug*  *Ib lim piam kem ib lim piam*  *Ob zaug ib hlis*  *Ib zaug ib hlis*  
i. *Ua hauj lwm rau lwm lub chaw* \_\_\_\_\_  
*tau* \_\_\_\_\_ *xyoos ua ntej txoj hauj lwm saum no*.

10. I have the following additional sources of income:

Commissions	\$_____	Pension Payments	\$_____
Annuity Payments	\$_____	Unemployment Benefits	\$_____
Military / Naval Retirement	\$_____	Workers' Compensation	\$_____
Spousal Maintenance Received	\$_____	Disability Payments	\$_____
Self-Employment	\$_____	Other	\$_____

10. *Kuv muaj cov hom nyiaj nram no ntxiv*:

<i>Cov nyiaj Rau nqi Dag Zog</i> \$	<i>Nyiaj Laus Pension</i> \$
<i>Nyiaj Laus Them Ib Xyoos Ib Zaug</i>	<i>Nyiaj Poob Hauj Lwm</i> \$
<i>Nyiaj Tub Rog / Nyiaj Tub Rog Laus So</i> \$	<i>Nyiaj Raug Mob</i> \$
<i>Nyiaj Yug Txij Nkawm</i> \$	<i>Nyiaj Tsis Taus</i> \$

*Nyiaj Khwv Tau Ua Hauj Lwm Rau Tus Kheej \$ \_\_\_\_\_ Lwm cov nyiaj \$ \_\_\_\_\_*

11. I receive (*check only if it applies*)  MFIP  Medical Assistance  MinnesotaCare  
 General Assistance  SSI  Child Care Assistance
11. *Kuv tau (tsuas kos yog muaj tiag)  Nyiaj MFIP  Kev Pab Them Nqi Kho Mob (Medical Assistance)  Kev Pab Them Nqi Kho Mob (MinnesotaCare)  Nyiaj Pab Txhua Yam (General Assistance)  Nyiaj SSI  Nyiaj Pab Zov Me Nyuam*
12. The joint child(ren) currently receives monthly social security or veteran's benefits in the amount of \$ \_\_\_\_\_ based on  my disability  the other parent's disability and is paid to  me  other parent.
12. *Tus (cov) me nyuam uas wb muaj cai xyuas sib npaug tau nyiaj hli hauv social security los yog nyiaj pab tub rog txog \$ \_\_\_\_\_ raws li  kuv txoj kev tsis taus  tus niam txiv sab tod txoj kev tsis taus thiab them nyiaj rau  kuv  tus niam txiv sab tod*
13. I am court ordered to pay monthly spousal maintenance.  
(*check one*)  YES  NO If yes, how much? \_\_\_\_\_
13. *Lub tsev hais plaub yuam kom kuv them nqi Yug noj Yug haus rau txij nkawm.  
(kos ib qho)  YOG  TSIS YOG Yog tias yog, them npaum li cas? \_\_\_\_\_*
14. I support the following nonjoint child(ren):

<b>Child's Name</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>Child support</b>	<b>Living in</b>
			monthly amount	my home
			\$	Yes / No
			\$	Yes / No
			\$	Yes / No
			\$	Yes / No
			\$	Yes / No

(If ordered to pay child support for any child listed above, provide copies of court orders)

14. *Kuv Yug noj Yug haus rau tus (cov) me nyuam kuv tsis muaj cai xyuas nram no:*
- |                     |                 |                      |                         |                         |
|---------------------|-----------------|----------------------|-------------------------|-------------------------|
| <b>Me Nyuam Npe</b> | <b>Hnub Yug</b> | <b>Txheeb Li Cas</b> | <b>Yug Noj Yug Haus</b> | <b>Nyob hauv</b>        |
|                     |                 |                      | <i>Nyiaj Hli</i>        | <i>kuv tsev</i>         |
|                     |                 |                      | \$                      | <i>Nyob / Tsis Nyob</i> |
|                     |                 |                      | \$                      | <i>Nyob / Tsis Nyob</i> |
|                     |                 |                      | \$                      | <i>Nyob / Tsis Nyob</i> |
|                     |                 |                      | \$                      | <i>Nyob / Tsis Nyob</i> |
|                     |                 |                      | \$                      | <i>Nyob / Tsis Nyob</i> |

*(Yog tsev hais plaub yuam kom Yug noj Yug haus rau tus me nyuam twg saum no, muab cov ntaub ntawv luam nrog)*

15. My monthly expenses at the present time are as follows (if remarried, include total of household expenses):
15. *Kuv cov nuj nqis tam sim no yog muaj (yog rov sib yuav nrog lwm tus lawm, ntxiv tag nrho cov nuj nqis rau tsev neeg):*

**Monthly Payment at Present Time**  
**Cov Nuj Nqis Them Raws**  
**Hli Tam Sim No**

a.  House payment or

	<input type="checkbox"/> Rent \$ _____
a.	<input type="checkbox"/> <i>Them nqi tsev muas los yog</i> <input type="checkbox"/> <i>Nqi tsev xauj</i> \$ _____
b.	Real Estate Taxes, if not included in (a) \$ _____
b.	<i>Nqi Se rau Av,</i> <i>yog tsis tau ntxiv rau nqe (a)</i> \$ _____
c.	Association Dues or Lot Rent (for property) \$ _____
c.	<i>Nqi Koom Zej Zog los yog Nqi Xauj Av (rau tsev)</i> \$ _____
d.	Insurance: Homeowners, if not included in (a) \$ _____ Car \$ _____ Life \$ _____
d.	<i>Nqi Pov Hwm:</i> <i>Cov Tswv Tsev, yog tsis tau ntxiv rau nqe (a)</i> \$ _____ <i>Tsheb</i> \$ _____ <i>Txoj Sia</i> \$ _____
e.	Utilities: (Average Monthly Amount) Gas \$ _____ Electricity \$ _____ Telephone \$ _____ Water and garbage \$ _____ Cable TV \$ _____
e.	<i>Nqi Vaj Tse: (Qhov nqi nruab nrab uas them ib hlis twg)</i> <i>Roj</i> \$ _____ <i>Hluav taws xob</i> \$ _____ <i>Xov tooj</i> \$ _____ <i>Dej thiab Yam tsis siv</i> \$ _____ <i>Xov Tso TV</i> \$ _____
f.	Food \$ _____
f.	<i>Zaub Mov</i> \$ _____
g.	Clothing \$ _____
g.	<i>Khaub Ncaws</i> \$ _____
h.	Laundry/dry cleaning \$ _____
h.	<i>Ntxhua khaub ncaws/ntxhua qhuav</i> \$ _____
i.	Personal allowances and incidentals \$ _____
i.	<i>Nyiaj Faib Rau Tus Kheej thiab nyiaj rau them tej tshwm sim</i> \$ _____
j.	Magazine and newspapers \$ _____
j.	<i>Nqi them cov phau ntawv Magazine thiab ntawv xov xwm</i> \$ _____
k.	Uninsured / unreimbursed medical expenses \$ _____
k.	<i>Nqi kho mob uas tus kheej them /tsis thim nyiaj rov los</i> \$ _____
l.	Uninsured / unreimbursed dental expenses \$ _____
l.	<i>Nqi kho hniav uas tus kheej them/tsis thim nyiaj rov los</i> \$ _____
m.	Child care expenses \$ _____
m.	<i>Nqi zov me nyuam</i> \$ _____

n.	Transportation expenses:	
	Car payment	\$_____
	License	\$_____
	Gasoline	\$_____
	Repairs	\$_____
n.	<i>Nqi tsheb:</i>	
	<i>Tus nqi muas tsheb</i>	\$_____
	<i>Nqi muas Ntawv tsav tsheb (License)</i>	\$_____
	<i>Roj sam tsheb</i>	\$_____
	<i>Cov nqi kho tsheb</i>	\$_____
o.	Recreation/Entertainment	\$_____
o.	<i>Kev ua si/Kev lom zem</i>	\$_____
p.	Child(ren)'s needs (sports/school/hobbies)	\$_____
p.	<i>Cov yuav tsum muaj rau me nyuam (ntaus ncaws pob/kawm ntawv/kev txaus siab)</i>	\$_____
q.	Allowances	\$_____
q.	<i>Cov nyiaj rau siv</i>	\$_____
r.	Other (list) _____	\$_____
r.	<i>Lwm cov nqi (sau qhia) _____</i>	\$_____
s.	Charge accounts and loans (list):	
s.	<i>Nyiaj qiv thiab nyiaj txais (sau qhia):</i>	
	Name of Account	Balance Owed
	<i>Tus Neeg Tshuav Nqi</i>	<i>Tshuav Nqi Npaum Cas</i>
1.	_____	\$_____
2.	_____	\$_____
3.	_____	\$_____
4.	_____	\$_____
5.	_____	\$_____

**TOTAL MONTHLY EXPENSES:**  
**\$**  
**TAG NRHO NUJ NQIS IB HLIS TWG:**  
**\$**

16. The following people help me pay my current monthly expenses listed in question 15:  
 Spouse    Companion    Roommate(s)    Relatives    No One
16. *Cov tib neeg nram no pab kuv them kuv cov nuj nqis uas sau muaj rau nqe lus nug 15:*  
 *Tus txij nkawm*    *Tus hlub*    *Tus khub koom nyob ua ke*    *Txheeb Ze*    *Tsis Muaj*
17. The value of the property I currently own by myself or with someone else is:  
Home \$\_\_\_\_\_  
Household goods \$\_\_\_\_\_  
Purchase price of my home \$\_\_\_\_\_  
Balanced owed on my home \$\_\_\_\_\_  
Other real estate \$\_\_\_\_\_  
Checking/savings \$\_\_\_\_\_  
Automobiles \$\_\_\_\_\_ (year and make) \_\_\_\_\_  
Recreational vehicles \$\_\_\_\_\_ (year and make) \_\_\_\_\_  
Personal property \$\_\_\_\_\_

Stocks/bonds/etc. \$ \_\_\_\_\_

17. Cov kboom uas kuv muas kuv los yog muas nrog lwm tus neeg muaj nuj nqis zoo:  
 Lub Tsev \$ \_\_\_\_\_  
 Kboom vaj kboom tsev \$ \_\_\_\_\_  
 Nqi muas kuv lub tsev \$ \_\_\_\_\_  
 Nuj Nqi Tshuav rau kuv lub tsev \$ \_\_\_\_\_  
 Lwm cov tsev/av \$ \_\_\_\_\_  
 Nyiaj Checking/saving \$ \_\_\_\_\_  
 Cov tsheb \$ \_\_\_\_\_ (xyoo thiab hom tsheb) \_\_\_\_\_  
 Cov tsheb tsav ua si \$ \_\_\_\_\_ (xyoo thiab hom tsheb) \_\_\_\_\_  
 Kboom ntiag tug muaj nuj nqis zoo \$ \_\_\_\_\_  
 Nyiaj lag luam (Stocks/bonds) thiab tej yam li \$ \_\_\_\_\_

### **Current Information About Other Parent**

#### **Cov Ncauj Lus Txog Tus Niam Txiv Tog Sab Tod Tam Sim No**

18. To the best of my knowledge, the other parent is currently:  
 (check one)  employed  unemployed (if employed, answer the following):
- a. Employer: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Work telephone number: \_\_\_\_\_
  - d. Occupation / Type of work: \_\_\_\_\_
  - e. Length of employment: \_\_\_\_\_
  - f. Supervisor: \_\_\_\_\_
  - g. Gross Pay: \$ \_\_\_\_\_ This  does  does not include overtime pay.
  - h. Paid:  Weekly  Every other week  Twice a month  Monthly  Unknown
  - i. Previously employed by \_\_\_\_\_ for \_\_\_\_\_ years prior to the above employment.
18. Raws li kuv muaj peev xwm paub, tam sim no tus niam txiv sab tod (kos ib qho)  ua hauj lwm  
 tsis ua hauj lwm (yog ua hauj lwm, teb cov nram no):
- a. Chaw Hauj Lwm: \_\_\_\_\_
  - b. Chaw Nyob: \_\_\_\_\_
  - c. Xov Tooj tom hauj lwm: \_\_\_\_\_
  - d. Txoj Hauj Lwm/Hom hauj lwm: \_\_\_\_\_
  - e. Ua hauj lwm ntev li cas lawm: \_\_\_\_\_
  - f. Tus Thawj Saib Xyuas Neeg Ua Hauj Lwm: \_\_\_\_\_
  - g. Them Nyiaj: \$ \_\_\_\_\_ Qhov nyiaj no  yog ntxiv  tsis tau ntxiv qhov nyiaj them ua cov sij hawm tshaj.
  - h. Them:  Ib lim piam ib zaug  Ib lim piam kem ib lim piam  Ob zaug ib hlis  Ib zaug ib hlis
  - i. Ua hauj lwm rau lwm lub chaw \_\_\_\_\_  
 tau \_\_\_\_\_ xyoos ua ntej txoj hauj lwm saum no.
19. To the best of my knowledge, the other parent has the following additional sources of income:
- |                                       |                                |
|---------------------------------------|--------------------------------|
| Commissions \$ _____                  | Pension Payments \$ _____      |
| Annuity Payments \$ _____             | Unemployment Benefits \$ _____ |
| Military / Naval Retirement \$ _____  | Workers' Compensation \$ _____ |
| Spousal Maintenance Received \$ _____ | Disability Payments \$ _____   |
| Self-Employment \$ _____              | Other \$ _____                 |
19. Raws li kuv muaj peev xwm paub, tus niam txiv tod tau cov hom nyiaj nram no ntxiv:  
 Cov nyiaj Rau nqi Dag Zog \$ Nyiaj Laus Pension \$

*Nyiaj Laus Them Ib Xyoos Ib Zaug* *Nyiaj Poob Hauj Lwm \$*  
*Nyiaj Tub Rog / Nyiaj Tub Rog Laus So \$* *Nyiaj Raug Mob\$*  
*Nyiaj Yug Txij Nkawm \$* *Nyiaj Tsis Taus \$*  
*Nyiaj Khwv Tau Ua Hauj Lwm Rau Tus Kheej \$* *Lwm cov nyiaj \$*

20. To the best of my knowledge, the other parent receives (*check only if it applies*)  MFIP  
 Medical Assistance  MinnesotaCare  General Assistance  SSI  
 Child Care Assistance
20. *Raws li kuv muaj peev xwm paub, tus niam txiv tod (tsuas kos yog muaj tiag) tau*  *Nyiaj MFIP*  *Kev Pab Them Nqi Kho Mob (Medical Assistance)*  *Kev Pab Them Nqi Kho Mob (MinnesotaCare)*  
 *Nyiaj Pab Rau Txhua Yam (General Assistance)*  *Nyiaj SSI*  *Nyiaj Pab Zov Me Nyuam*
21. To the best of my knowledge, the other parent is ordered to pay spousal maintenance. (*check one*)  YES  NO *If yes, how much?* \_\_\_\_\_
21. *Raws li kuv muaj peev xwm paub, lub tsev hais plaub yuam kom tus niam txiv tod them nqi yug noj yug haus rau txij nkawm.*  
*(kos ib qho)  YOG  TSIS YOG Yog tias yog, them npaum li cas?*
22. To the best of my knowledge, the other parent supports the following nonjoint child(ren):
- | <b>Child's Name</b> | <b>Date of Birth</b> | <b>Relationship</b> | <b>Child support</b> | <b>Living in</b> |
|---------------------|----------------------|---------------------|----------------------|------------------|
|                     |                      |                     | monthly amount       | the home         |
|                     |                      |                     | \$                   | Yes / No         |
|                     |                      |                     | \$                   | Yes / No         |
|                     |                      |                     | \$                   | Yes / No         |
|                     |                      |                     | \$                   | Yes / No         |
|                     |                      |                     | \$                   | Yes / No         |
22. *Raws li kuv muaj peev xwm paub, tus niam txiv tod yug noj yug haus rau tus (cov) me nyuam kuv tsis muaj cai xyuas nram no:*
- | <b>Me Nyuam Npe</b> | <b>Hnub Yug</b> | <b>Txheeb Li Cas</b> | <b>Yug Noj Yug Haus</b> | <b>Nyob hauv</b>        |
|---------------------|-----------------|----------------------|-------------------------|-------------------------|
|                     |                 |                      | <i>Nyiaj Hli</i>        | <i>lub tsev</i>         |
|                     |                 |                      | \$                      | <i>Nyob / Tsis Nyob</i> |
|                     |                 |                      | \$                      | <i>Nyob / Tsis Nyob</i> |
|                     |                 |                      | \$                      | <i>Nyob / Tsis Nyob</i> |
|                     |                 |                      | \$                      | <i>Nyob / Tsis Nyob</i> |
|                     |                 |                      | \$                      | <i>Nyob / Tsis Nyob</i> |

### Parents Health Care Coverage Information

#### *Ncauj Lus Txog Niam Txiv Kev Pab Them Nqi Kho Mob*

Only answer if you are asking for a change in health care coverage and/or dental coverage for the joint child(ren).

*Tsuas teb yog tias koj xav thov kom hloov kev pab them nqi kho mob thiab/los yog kev pab them nqi kho hniav rau tus(cov) me nyuam uas ob leeg muaj cai sib npaug xyuas.*

23. **About me:** (*check all that apply*)

- I am court ordered to carry health care coverage for the joint child(ren)
- I now have private health care coverage available for the joint child(ren)
- I do not have or no longer have private health care coverage available for the joint child(ren)

- I cannot afford to pay my proportionate share of health care coverage for the joint child(ren)  
 My proportionate share of health care coverage for the joint child(ren) should be changed  
 I am court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint children.  
 I have private health care coverage and/or dental insurance coverage in place for the following people: \_\_\_\_\_

Cost of monthly health care coverage for self: \$ \_\_\_\_\_

Cost of monthly health care coverage for dependents: \$ \_\_\_\_\_

Cost of monthly dental insurance for self (if separate coverage from health care coverage): \$ \_\_\_\_\_

Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \$ \_\_\_\_\_

23. **Hais txog kuv:** (kos tag nrho cov yog)

- Tsev hais plaub yuam kom kuv yuav tsum muaj kev pab them nqi kho mob rau tus (cov) me nyuam uas ob leeg muaj cai sib npaug xyuas  
 Tam sis no kuv muaj kev pab them nqi kho mob rau tus (cov) me nyuam uas ob leeg muaj cai sib npaub xyuas  
 Kuv yeej tsis muaj los yog tsis muaj kev pab them nqi kho mob rau tus (cov) me nyuam uas ob leej muaj cai sib npaug xyuas lawm  
 Kuv them tsis taus kuv qhov nqi muas kev pab them nqi kho mob rau tus (cov) me nyuam uas ob leeg muaj cai sib npaug xyuas  
 Yuav tsum hloov kuv qhov nqi muas kev pab them nqi kho mob rau tus (cov) me nyuam uas ob leeg muaj cai sib npaug xyuas  
 Lub tsev hais plaub yuam kom kuv yuav tsum muaj kev pab them nqi kho mob rau lwm cov me nyuam uas kuv tsis muaj cai xyuas thiab yeej muaj kev pab them nqi kho mob rau lawm.  
 Kuv yeej muaj kev pab them nqi kho mob thiab/los yog kev pab them nqi kho hniav rau cov neeg nram no lawm: \_\_\_\_\_

Tus nqi muas kev pab them nqi kho mob rau tus kheej yog: \$ \_\_\_\_\_

Tus nqi muas kev pab them nqi kh omob rau cov me nyuam: \$ \_\_\_\_\_

Tus nqi muas kev pab them nqi kho hniav rau tus kheej (yog muaj lwm qhov kev pab them nqi kho mob lawm): \$ \_\_\_\_\_

Tus nqi muas kev pab them nqi kho hniav rau cov me nyuam (yog muaj lwm qhov kev pab them nqi kho mob lawm): \$ \_\_\_\_\_

24. Currently, there is:

- no court order that directs either parent to carry private health care coverage for the joint child(ren).  
 a court order that directs  me  the other parent to carry private health care coverage for the joint child(ren).  
 Medical Assistance  MinnesotaCare currently in place for the joint child(ren).

24. **Tam sim no, muaj:**

- tsev hais plaub tsis tau yuam kom ib tog niam txiv twg yuav tsum muaj kev pab them nqi kho mob rau tus(cov) me nyuam uas ob leeg muaj cai sib npaug xyuas.  
 tsev hais plaub twb yuam kom  kuv  tus niam txiv sab tod muaj kev pab them nqi kho mob rau cov me nyuam uas ob leeg muaj cai sib npaug xyuas.  
 Kev pab them nqi kho mob (Medical Assistance)  Yeej muaj kev pab them nqi kho mob (MinnesotaCare) rau tus(cov) me nyuam uas ob leeg muaj cai sib npaug xyuas.

25. **About the other parent:** (check all that apply)

- The other parent is court ordered to carry health care coverage for the joint child(ren)
- The other parent has private health care coverage available for the joint child(ren)
- The other parent does not have or no longer has private health care coverage available for the joint child(ren)
- The other parent is court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint children.
- The other parent has private health care coverage and/or dental insurance coverage in place for the following people: \_\_\_\_\_

Cost of monthly health care coverage for self: \$ \_\_\_\_\_

Cost of monthly health care coverage for dependents: \$ \_\_\_\_\_

Cost of monthly dental insurance for self (if separate coverage from health care coverage): \$ \_\_\_\_\_

Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \$ \_\_\_\_\_

25. **Hais txog tus niam txiv sab tod:** (kos tag nrho cov yog)

- Tsev hais plaub yuam kom tus niam txiv sab tod yuav tsum muaj kev pab them nqi kho mob rau tus(cov) me nyuam uas ob leeg muaj cai sib npaug xyuas*
- Tam sis no tus niam txiv sab tod yeej muaj kev pab them nqi kho mob rau tus(cov) me nyuam uas ob leeg muaj cai sib npaub xyuas*
- Tus niam txiv sab tod yeej tsis muaj los yog tsis muaj kev pab them nqi kho mob rau tus(cov) me nyuam uas ob leej muaj cai sib npaug xyuas lawm*
- Lub tsev hais plaub yuam kom tus niam txiv sab tod yuav tsum muaj kev pab them nqi kho mob rau lwm cov me nyuam uas ib tug niam txiv twg tsis muaj cai xyuas thiab yeej muaj kev pab them nqi kho mob rau lawv lawm.*
- Tus niam txiv sab tod yeej muaj kev pab them nqi kho mob thiab/los yog kev pab them nqi kho hniav rau cov neeg nram no lawm:* \_\_\_\_\_

*Tus nqi muas kev pab them nqi kho mob rau tus kheej yog: \$ \_\_\_\_\_*

*Tus nqi muas kev pab them nqi kh omob rau cov me nyuam: \$ \_\_\_\_\_*

*Tus nqi muas kev pab them nqi kho hniav rau tus kheej (yog muaj lwm qhov kev pab them nqi kho mob lawm): \$ \_\_\_\_\_*

*Tus nqi muas kev pab them nqi kho hniav rau cov me nyuam (yog muaj lwm qhov kev pab them nqi kho mob lawm): \$ \_\_\_\_\_*

### **Child Care Obligation**

#### **Kev Them Nqi Zov Me Nyuam**

Only answer if you are asking for a change in child care support for the joint child(ren).

*Tsuas teb yog tias koj thov kom hloov cov nyiaj zov tus(cov) me nyuam uas ob leeg muaj cai sib npaug xyuas.*

- 26.  I am court ordered to pay a proportionate share of child care support and the amount of child care support has changed.
- There is no court ordered child care obligation and I have child care expenses.
- 26.  *Lub tsev hais plaub yuam kom kuv them ib feem nqi zov me nyuam thiab qhov nyiaj zov me nyuam hloov lawm.*
- Tsev hais plaub tsis tau yuam kom yug nyiaj zov me nyuam thiab kuv yeej muaj cov nuj nqis zov me nyuam lawm.*
- 27. If there is an existing court order for monthly child care expenses, list the court ordered

- amount: \$ \_\_\_\_\_
27. *Yog tsev hais plaub yuam kom them cov nqi zov me nyuam ib hlis zus, sau qhia qhov nqi:* \$ \_\_\_\_\_
28. The **current** total monthly costs of child care are \$ \_\_\_\_\_
28. *Tus nqi them zov me nyuam tam sim no yog* \$ \_\_\_\_\_

The information contained in this Affidavit is true and correct to the best of my knowledge.  
*Cov lus sau muaj rau hauv tsab ntawv Affidavit no muaj tseeb thiab yog raws li kuv muaj peev xwm.*

Dated: \_\_\_\_\_

Signature (Sign only in presence of Notary or Court Deputy)

*Hnub:* \_\_\_\_\_

*Kos Npe (Tsuas kos npe tim ntsej muag ntawm tus Neeg Pov Thawj los yog Tus Sawv Cev Rau Tus Khiav Dej Num Hauv Tsev Hais Plaub)*

Sworn / affirmed before me this  
day of \_\_\_\_\_, \_\_\_\_\_

Notary Public / Deputy Court Administrator  
*Lees /qhia tseeb rau kuv rau hnub* \_\_\_\_\_, \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

*Sau Npe:* \_\_\_\_\_

*Chaw Nyob:* \_\_\_\_\_

*Zos/Xeev/Zauv Zip:* \_\_\_\_\_

*Neeg Muaj Cai Nias Npe / Tus Sawv Cev Rau Tus Khiav Dej Num Hauv Tsev Hais Plaub Xov tooj: (\_\_\_\_) \_\_\_\_\_*